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| Case Number: | CM15-0189265 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 11/24/2014 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old female with an industrial injury dated 11-24-2014. A review of the medical records indicates that the injured worker is undergoing treatment for blunt head trauma, 2 to 3mm disc bulges at C4-6 with only mild foraminal narrowing, headaches, anxiety, depression, 2mm disc bulge at L4-L5 with mild facet arthropathy and hypertrophy with mild bilateral neuroforaminal stenosis at L5-S1. According to the progress note dated 08-21-2015, the injured worker reported persistent pain in the neck radiating into the bilateral arms and lower back pain radiating into the bilateral legs. Pain level was 8 out of 10 on a visual analog scale (VAS). The injured worker also complains of daily headaches with dizziness, fatigue and confusion. The pain is improved with rest and medications and worse with weather and activities. The injured worker takes Tramadol that helps reduce pain from a 8 to a 3 and Naproxen reduces pain from 8 to a 4-5. The injured worker is not currently working. Objective findings (08-21-2015) revealed positive cervical compression on the right with radiation of pain in the upper extremities, tenderness to the suboccipital region and positive straight leg raises with radiation of pain into posterior thigh. Physical exam also revealed loss of range of motion in the cervical spine, bilateral shoulders and lumbar spine. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treatment plan included neurologist follow up, pain management follow up, medication management and urine toxicology screen for next visit. The treating physician prescribed Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%, 5%, 4%, 4%) 180 gm as an attempt to wean the injured worker from stronger narcotics. The utilization review dated 09-15-2015, non-certified the request for Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%, 5%, 4%, 4%) 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen/Baclofen/Lidocaine/Menthol cream (20%, 5%, 4%, 4%) 180 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Baclofen is not recommended, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically necessary.